

## April 8, 2020, Weekly Briefing Transcript

Dr. Daniel Podolsky:

Good morning, I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and thank you for joining the second weekly briefing to really be sure that all of you who are part of the UT Southwestern community are fully aware of the activities going on in the campus and the status of our efforts to confront the challenge of COVID-19 while at the same time to continue our mission in all its dimensions – educating our students and trainees, advancing medical science to enable better treatments, better means of prevention and cure, and of course providing care to those in need of help today.

What I will plan to do this morning and in subsequent briefings in future Wednesdays is to take about half the time to share with you the various developments over the past week and then turn to the questions that you have provided and endeavor to address as many of those as possible within the time we have this morning and to assure you that for those questions that we simply don't have the time to get to, they will have a response provided via our webpage. And I do want to remind you that our [What to Know About COVID-19 webpage](#), which you can go to directly or via our homepage, is a source for very up-to-date information about all aspects of how we are addressing COVID-19 and ongoing issues on the campus. That website is updated at least daily, so it is current and really has a wealth of resources for your support.

Before giving my summary, I do want to, once again, emphasize my gratitude, my admiration for all the efforts that are ongoing on the campus, and that really is in every aspect. Of course, there are many who are on the campus each day involved in providing care in our clinics and hospitals, but also those of you carrying on, working remotely, finding new ways to adapt to different circumstances and yet continue to move UT Southwestern forward.

So with that, let me share with you the events over the past week here at UT Southwestern. As I mentioned during the first briefing a week ago, we are committed to providing the community a status report with respect to the number of patients we're caring for with COVID-19, and you can find that updated on a daily basis on that website. As of last evening, we had within Clements University Hospital 18 patients with proven COVID-19 infection, half of them in our intensive care unit, half of them on regular floors. In addition, there were 20 individuals admitted for whom we are awaiting the final results of their testing to know whether they are COVID-19 positive or not. This has been a relatively steady number over the last four or five days, and I'll return to that fact before I conclude my remarks in considering what we may be seeing in the days and weeks ahead.

Since last Wednesday, we have taken additional measures to both ensure the safety of those working in our clinical environments and of our patients. As of last Friday at Clements

University Hospital and as of Monday at all our ambulatory off-campus sites, we have implemented universal masking using surgical masks for all hospital and ambulatory clinicians and staff, i.e., those in direct patient care as well as other roles.

In addition, all patients, visitors, faculty, and staff entering Clements or other clinical facilities are being screened with questions and temperature checks. And if someone, whether staff or visitor, is found to have a temperature reading of 99.6 degrees or higher, they will be referred to their physician but not allowed in the building. Again, this is to really do everything we can to preserve the safety of both UT Southwestern employees and the patients we care for.

You will have heard that as we are addressing the national global challenge of ensuring adequate personal protective equipment, in addition to sourcing additional supplies, we have taken measures to make the supplies we have go as far as possible. And one way in which we are doing that is to sterilize N95 masks using a process of aerosolized hydrogen peroxide. This has been proven to achieve a six-log kill, that is six orders of magnitude of reducing any microbe that might be on that mask. I've become aware that there is some confusion about that program, and I want to take this opportunity to clarify. In recycling a mask, that mask will belong to an individual. A person turning in that mask at the end of a shift will place it in a bag with their name on it, and after it has been sterilized by this process of aerosolized hydrogen peroxide, a person will receive back the same mask. This is not pooling masks and then pulling it out of the pool at random. It is a personal mask to be used again by a single individual.

Turning to other efforts, we have been able to expand our capacity for testing for possible COVID-19 infection. It's actually now a combination of modalities beyond the test that was developed by our colleagues in our clinical laboratories in the early days of our efforts. We now have a high throughput commercial test produced by the Abbott company that is already capable of more than 400 tests per day and soon, I am sure, to go up to as many as 900 tests a day.

Just in the last couple of days, we also have added another tool in our toolkit – that's point of care testing, which many of you will have heard about in the media broadly. These are testing machines that allow a result in as little as five to 30 minutes. These are being deployed, given their limited scale at which they can be used, in critical areas like an emergency department, where we are going to be making the decision whether a patient needs to be admitted or not, and we'll have that information much more timely at that point. Also, for example, in assessing patients who may otherwise be in need of emergency surgery to know whether they are COVID-19 positive or not.

So with these capabilities, not only are we serving the needs of the patients who come to us at UT Southwestern, but I'm sure all of you would be pleased to know that with that added

capacity, we are supporting other colleagues at other health systems, including Texas Health Resources and the Methodist Health System.

I want to now make sure that you're aware of a very recent development. As of, I believe, yesterday, a new virtual care clinic has been opened for our faculty and staff and members of your family from ages 12 and up. This clinic is being established to provide COVID-19 screening and follow-up care, if needed. And those who wish to access it do not have to have a current or a preexisting relationship with one of our UT Southwestern physicians. We want to be sure that this is available to all of you, even if you have been getting, up to this point, your care elsewhere.

And at the same time, I want to let you know that we have had to make one adjustment to the schedule that will sort of postpone one of our happier experiences to a later point in the year. Usually it would be at this point in the year when we would celebrate Employee Appreciation Week and celebrate those who joined the Quarter Century Club, having worked here for 25 years or more. But given the circumstances, we're going to wait and reschedule that for the end of the summer to be sure that we can really celebrate the accomplishments of our employees and those who have been with us for the longest in person.

Let me now turn to some of the other efforts on campus related to our broader mission. This past week, Dr. Lee has shown again the resilience and flexibility of the academic affairs in addressing the life cycle, as it were, of our students with the plan to have our 77th Commencement for the first time be conducted as a virtual exercise on May 2. We will look forward to seeing our students completing their undergraduate medical education and receiving their diplomas, knowing that we will be launching them out into careers well prepared for the responsibilities that will be expected of them.

In our research efforts, there's significant research that continues to go on focused specifically on COVID-19. That is at this point the only active research going on in our laboratories. But of course our research colleagues are continuing to work together remotely, if not doing new experiments, in analyzing results of experiments, planning experiments, and laying the groundwork for the time when we will be able to resume normal operations. As I mentioned last week, the COVID-19 challenge has stimulated a number of initiatives in the clinical research arena. Now we have four clinical trials that have already, I'm told, enrolled 30 patients infected by COVID-19, and these are trials of a variety of different potential beneficial interventions, whether antivirals or agents targeted at an excessive immune response, an inflammatory response that we are learning often is an important contributory factor, particularly in the later stages of severely affected patients.

With that, let me finish this overview with a few speculations – to call it what they are – about where we may be in the days and weeks ahead. As I believe I mentioned last week, I have asked Dr. Trish Perl, our Chief of the Division of Infectious Diseases and Geographic Medicine,

to work closely with me and to bring together groups of colleagues from our Lyda Hill Department of Bioinformatics, our Department of Population and Data Sciences, and others to see what insights can be garnered from the patients we are seeing and the numbers we are seeing over the course of time, and to assess models that have been developed by a number of different other organizations and institutions to apply to the community here in North Texas. And I would say one very encouraging finding, at least as of yesterday, was that over the course of the last week or so, we have seen a significant increase in the doubling time. In other words, the number of days it takes for the cases to double.

Going back a week or 10 days ago, the doubling of cases here in Dallas County and the surrounding counties was every two to three days. And least as of the most recent reassessment of that, it's now up to about seven or eight days. It does suggest that the pace of the increase is slowing, and one can only surmise that that has been in part because of the physical distancing that we have all been living with now for more than two weeks. We will of course need to follow this very closely to see that that trend continues and to know from it what we can expect in terms of the eventual peak of the number of patients we will see and the duration of that peak – surge, as it's commonly known – to be able to really then begin to think about what will be increasingly on our mind, which is, how do we return to normal?

I'm sure that's a question every single one of you is eager to have an answer for. I am eager to have an answer for that. Unfortunately there is no clairvoyance about that at this point, but as we get more and more confidence in the models about the number of patients we will see, the timing of that, it is more possible to then look at and model, as I've asked Trish and her group to do, at how we might return to more normal operations. It will not happen overnight. I'm sure each of you will know that without me having to tell you. But, we will look at how we can most safely return step by step to more normal operations, and of course do that within the context of what our leadership in this region also will be planning, as we are all as a community eager to return to the life that we all enjoyed in a pre COVID-19 era.

Before I turn to the questions, I want to again thank you for the extraordinary efforts that I have seen over the course of now these many weeks. It certainly makes me extremely proud to be president of UT Southwestern. Know that your efforts are widely and deeply appreciated by our community and those far beyond our local community. They see the commitment that we have to the welfare of our patients, the welfare of our own community, and the welfare of a broader community impacted by what we do on this campus. With that, I am going to turn from an overview of the past week to consider some of the questions you have forwarded in the meantime. I'm here with Jenny Doren from our Communications Department, who is fielding these questions for us, and so you'll be hearing Jenny pose the questions and I'm going to do my best to answer them. Jenny?

Jenny Doren:

Good morning, Dr. Podolsky. I want you to be aware that we have received 75 new questions since this time last week. And to date, we have received upward of 1,900 emails submitted to our COVID-19 questions box. I think that speaks to a high level of engagement within our campus community, and people feel really good knowing that when they have questions, those questions are answered. So I thank you for the opportunity and for your time in addressing those questions.

So I want to begin with one question that we've been hearing from a lot of people. If you turn on the news, you will see reports of businesses going under. You will hear of people losing their jobs. And folks are concerned. They want to know what, if any, financial impact COVID-19 will have on UT Southwestern and also if there are any state level funds available, should we need to have some extra dollars available.

Dr. Daniel Podolsky:

Well, I appreciate the questions so that I really can be sure the entire UT Southwestern community understands what we are facing as an institution. I think nobody would be surprised to hear that, in fact, this is a significant financial challenge. It is really a combination of lost revenue as well as additional expense: Lost revenue because we made the hard decision early on to postpone elective procedures and routine office visits so that we would have the capacity to address a large number of patients if called upon to do so. At the same time, we are also conserving our PPE and also protecting our patients, as we are all aware that coming to any large institution – and certainly a health care one – might expose somebody inadvertently. So with that measure, there was a lot of revenue that was normally part of our budget that is not realized. When you add to that the additional expense of some of the preparations and the staffing, we're looking at an impact at UT Southwestern at something like \$2 million to \$3 million a day. So it is significant.

On the other hand, I want to assure everybody that we have gone into this challenge, this crisis, in a very strong financial position. Over the years, we have been very disciplined in being sure that we maintain our expenses less than our revenues so that we have the reserves to continue to support the entirety of our operations even if, for this period of time, we are sustaining significant losses. And as I said last week and is still the case, there are no layoffs planned. We are continuing to maintain our employment, and that remains a top priority for myself and the leadership team here at UT Southwestern.

There are further challenges undoubtedly coming down the road, which are hard to quantify at this point. With the broad economic impact of COVID-19, the state of Texas will be under pressure as it will play on its budgets going forward. The State Legislature will come into session

next January, but already I know the state leadership is considering what can be done in anticipation of the loss of revenues to the state through diminished sales tax and diminished oil production revenue to ensure that it continues to maintain a balanced budget as required by its constitution. Fortunately, the state of Texas has itself some good sort of safety mechanism. The Economic Stabilization Fund, often called the rainy day fund, is substantial and can be used to help the state. But as I sit here this morning, we have to at least be ready for the possibility that we will see some impact on our state appropriations, which support in particular our education and research infrastructure.

Many, if not all of you, will be aware that the Congress has now passed three supplemental appropriation bills, and there's talk about a fourth one. Particularly in the third, the large \$2 trillion package that goes by the acronym CARES, there is \$100 billion that is earmarked for providers. It is too soon to know what amount of that we may be able to access. We do expect that we will see some funds come to us from that source. Obviously that really can only help.

But the bottom line is we are impacted. We will need to be that much more rigorous in controlling our overall expenses and discipline. Although in the long run, as we get back to normal operations, at its core UT Southwestern remains robust, and I have great confidence we'll come through this as a strong institution able to deliver on its mission.

Jenny Doren:

Thank you. I know we definitely appreciate your transparency with all of this. A lot of folks are also curious about the disease itself and how long the so-called shedding process could occur. For staff who had symptoms and tested positive for COVID-19, how soon are they returning to work? And additionally, how safe is it for staff and patients to be around them, especially if they are immunocompromised? And additionally, are they still able to pass the infection on since of course it is a virus and viruses sometimes shed even after the fever is gone?

Well, the guidance I would give is what I broadly have understood from our infectious disease experts and what is generally CDC guidance. The general rule of thumb ... well, let me say there are two ways to approach this question: One is by a direct testing of an individual after they've recovered from it. And the usual standard for saying with confidence that somebody is over the infection, is no longer potentially transmissible – if you take that approach – are two negative COVID-19 tests on two successive days. The more practical standard – that is the one that we are relying on broadly – is a period of either seven days from the onset of symptoms or three days after the symptoms have abated, whichever is longer. That – by the guidance, as I say, from the CDC and our infectious disease experts – is a reliable benchmark for knowing that somebody is truly past this infection.

Jenny Doren:

We're also getting a number of questions from people directly involved in patient care. They want to know more about staffing and they want to know more about surge planning, specifically if, when, and where they will be deployed and what exactly they will be doing.

Dr. Daniel Podolsky:

Well, first of all, I think it's important for everybody to understand that there is a plan, and it's been very carefully developed by our emergency operations center in the health system, co-lead by Dr. Seth Toomay and Susan Hernandez, our chief nursing officer, working then in conjunction with the institutional EOC led by Dr. Will Daniel. And this has been a very carefully and staged plan to flex as needed as we are seeing more and more patients. We made the decision early on to really find a dedicated service for the COVID-19 patients who are admitted to the hospital. Those who are in the hospital know that currently on the main floor. It's on the 12th floor of Clements, 12G, I believe.

The stage plan is to expand beyond that floor to successive floors as may be needed. I am not from memory going to try to cite the exact cadence and sequence of that, but for those who would be called to join the effort, having also made the decision to have dedicated teams taking care of those patients, you can discuss that with your supervisor.

At the extreme we would be able to really dedicate very significant proportions of Clements that would meet a very large surge demand. I will take this chance to make you aware, if you weren't already, that Clements in its design is really exceptionally well suited to care for these patients. At the time it was designed, with insight from the many people who were part of that planning process and particularly a number of our physicians, we incorporated the ability to make large numbers of rooms essentially respiratory isolation rooms – that is, to have negative pressure and that to be done very easily through an adjustment to the HVAC system.

Not only do we have the space, but we also have space that is very specifically suited for this respiratory challenge, and that of course is also part of the surge plan.

Jenny Doren:

All right, thank you, Dr. Podolsky.

We have a very high level of volunteerism on this campus. This may not surprise you. We have been fielding a number of questions from faculty, staff, students who see New York City as the so-called epicenter of this crisis, at least right now. They are wondering whether or not they can travel to New York City to help out there. Additionally, they're curious of whether or not we can donate any available PPE to help with folks there.

Dr. Daniel Podolsky:

Well, I admire and take great satisfaction in the spirit of volunteerism that is at the core of the culture of UT Southwestern. I'm thinking of all the help that our nurses and others gave to relieve people in Houston after Hurricane Harvey, as an example.

This question, particularly in so far as it has been asked of New York City, I take as a very difficult one. Because like you, I would like to see us help an area that's in greater need than we are at this moment, if that were possible. I feel it also personally with family there, including grandchildren. It's personal. It has a very significant emotional dimension to it for all of us.

Having said that, my concern for us is to be ready to meet the needs of the patients here. Even if at the moment we are well within our capabilities to take care of those who have come to UT Southwestern and we can hope that we really are seeing the impact of that physical distancing, we have no way of knowing that. There is still the very distinct possibility that over the next few weeks we will see a large increase in patients, and our responsibility is to be able to provide for them.

I feel that doubly so as a state institution here for the people of Texas. Because we're here in North Texas, particularly if someone were to go to one of these areas, that would really take them out of the fight here for a long period – for whatever time they were there and the need to self-isolate after returning. I would hate to think that we would be in the position of not really being able to provide all of the help that I know we will want to give our patients here.

That does also go to some of the vital resources like PPE and ventilators that would be needed in that circumstance.

Jenny Doren:

Thank you. I think in the interest of time we're probably going to stop with that question, but of course as you've been mentioning multiple times, any of the questions that we have not gotten into, and certainly we have dozens of questions, we will be sure to update our FAQ section on our website. That is something that is being updated pretty much on the hour as new information becomes available.

So again, thank you for taking the time to answer many questions.

Dr. Daniel Podolsky:

My thanks again to all of you at UT Southwestern. I do hope you'll let us know of your questions. I always welcome your comments and suggestions as well. I look forward to being with you again next Wednesday morning. In the meantime, I hope you will be safe and keep those around you safe.